

1. Cases in the first stage, that is, within four days of the commencement of the disease, treated by the caustic injection.

Cured by a single injection	14
Cured by two injections at intervals of twenty-four hours	4
Cured by three injections, at intervals of twenty-four hours	2
Cured by three caustic injections, and afterwards astringent injections for four days	2
Cured by two caustic injections, and afterwards astringent injections for four days	1
Cured by the three caustic injections, astringent injections during four days and finally a fourth caustic injection	2
In one case only were seven caustic injections necessary	1
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2. Cases treated between the fifth and fifteenth day from the attack.

Cured by a single caustic injection	3
Cured by two caustic injections after an interval of twenty-four hours	5
Cured by three caustic injections	4
Cured by three caustic injections followed by astringent injections for three or four days	4
Cured by three caustic injections, afterwards astringent injections for three or four days, finally a fourth caustic injection	5
Cured after three caustic injections, astringent injections for three or four days, rest for four days, and then two caustic injections at an interval of ten hours	4

3. Cases treated between the fifteenth and thirtieth days from the attack or later.

Cured by a single caustic injection	2
Cured by two injections at an interval of twenty-four hours	2
Cured by three caustic injections followed by astringent injections during four days	2
Cured by three caustic injections, afterwards astringent injections for four days, and finally a fourth caustic injection	3
Cured by three caustic injections, astringent injections for four days, four days rest, and then a fourth and fifth caustic injection	4
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Total 40

There were fourteen patients of whom M. D. lost sight, after one, two or three caustic injections; and in two, after two caustic injections, no benefit was obtained. These make 85 cases in all, which are all the cases of gonorrhœa treated by M. D. during a period of twenty months.

In a note, M. D. states that since his paper was drawn up, he has treated forty more cases, and with results equally favourable with those above given.

M. D. concludes that the treatment of gonorrhœa by caustic injections of nitrate of silver is entirely free of danger; he never having seen in a single case any injury from it.

That far from causing a reaction, so much feared by writers, the constant effect of the caustic injection is to extinguish the inflammation.

That when the disease is treated at its onset its cure is almost certain; twenty-one cases out of thirty-eight having been cured by a single injection, and six by two injections.

28. *Cancerous diatheses*.—Some surgeons maintain that cancer results from a constitutional diathesis which cannot be destroyed by the extirpation of the part first attacked; whilst others deny the existence of this primitive diathesis, and maintain that cancer is at first a local disease, and that if it becomes constitutional,—if it is reproduced after extirpation,—it is because the morbid principle has been extended through the system by infection.

M. LEROY D'ETIOLLES, has been engaged in collecting materials for settling

this controversy, and in a memoir read to the Academy of Sciences of France on the 20th Feb. 1843, he presented some statistical facts, which go far to show the inutility if not impropriety of extirpating cancerous tumours. He quotes also the following extract from a letter from Mr. Flaubert, a distinguished surgeon of Rouen. "Most of the cancers I have operated for, have returned, either in their original seat or its neighbourhood, or in some remote part. At present I never operate for cancer, but with repugnance. I no longer operate on cancers which are accompanied with ganglions, pain in the kidneys, pains similar to rheumatism, and I am convinced, notwithstanding some cases in which there has been no relapse, that the human species would gain if the ablation of cancerous tumours was almost absolutely forbidden.

"I have at the Hotel Dieu, a *religieuse* who, in 1816, was seated to be operated on, when just as I took up the knife, I discovered a scirrhus tumour in the other breast. I immediately abandoned all idea of operating. Since then there has been no change in the disease, and at present, 1841, after the lapse of twenty-five years, this good woman performs all her duties in the hospital."—*Gaz. Méd. de Paris*, March 11, 1843.

29. *Dislocation of the Femur*—head of that bone upon the pubes,—fracture of the neck of femur.—JAMES DOUGLAS, Esq., records a case of this in our esteemed cotemporary, the *Lond. and Edin. Month. Journ. of Med Sci.*, (Dec. 1843,) which presents several rare points. The subject of the case was a fisherman 60 years of age, who had been injured by a fall twelve years before death, the particulars of which could not be ascertained.

On examination after death there was found a hard round tumour in the groin, under the middle of Poupart's ligament, and very slightly movable, which was obviously the head of the thigh-bone. The great trochanter was felt higher than this, about an inch and a half below the anterior superior process of the ilium, further forward than it ought to be, and projecting more outward, in consequence of the oblique position, forwards and inwards, assumed by the thigh. The precise relation of the affected limb to the sound one, with the position of the foot, cannot be stated, as, from the circumstances, the dissection was rather hurriedly performed; but it was ascertained that the limb admitted of motion forwards, backwards, and inwards, but neither outwards, nor in the way of rotation.

Immediately under the skin and fascia, the high-bone was found, forming the tumour in the groin; and lying upon it, and to its outer side, were the femoral vein and artery. The common tendon of the psoas and iliac muscles, and the tendon of the rectus were found closely adherent to the neck of the bone still more to the outer side. The lesser trochanter was felt much and irregularly enlarged, as is usual after fracture of the femur, projecting inward, and seeming to give support to the head in its new situation. The great trochanter was also felt much enlarged, forward and outward, as well as backward. The tendons of the capsular muscles, and the fibres of the quadratus were found stretched over the joint behind. The *glatæi* seemed natural in structure, but weak, from want of use.

On removing the superjacent muscles, a quantity of dense fibrous tissue was brought into view in front of the neck of the femur, seeming to be a strengthening of the anterior or ilio-femoral ligament, passing over a prominence, which is the lower edge of that end of the broken neck which belongs to the shaft, and over which it glides, in its way to its insertion into the trochanter minor.

A dense cellular tissue was found surrounding the head and neck, adhering everywhere, except over a space about the breadth of a shilling, where there is still a serous sac, and the smooth articular cartilage remains. On the innermost aspect of the head, is distinctly seen the pit from which the round ligament has been torn. Around this, several portions of articular cartilage are observed, but rough, having the superjacent cellular tissue adherent to them. The posterior side of the head lay upon the horizontal ramus of the pubes, and exactly over the ilio-pectineal eminence, between which and the